

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12	1						62								
13	1						63								
14	1						64								
15		1					65								
16		1					66								
17		1					67								
18		1					68								
19		1					69								
20		1					70								
21		1					71								
22	1						72								
23		1					73								
24		1					74								
25		1					75								
26		1					76								
27		1					77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33		1					83								
34		1					84								
35		1					85								
36		1					86								
37		1					87								
38		1					88								
39		1					89								
40		1					90								
41		1					91								
42		1					92								
43		1					93								
44		1					94								
45		1					95								
46		1					96								
47		1					97								
48		1					98								
49		1					99								
50		1					100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	33						TOTAL DEP.								
TOTAL CLAIMS	38						TOTAL CLAIMS								